## DESI MYMILMDLE CUTI

PATENT APPLICATION FEE DETERMINATION RECOI									09904300				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL		
TOTAL CLAIMS			12				RA	TE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE 355.00		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			89 minus 20=		. 42		X\$	X\$ 9=		OR	X\$18=	756	
INDEPENDENT CLAIMS			minus 3 =		· 3		X4	X40=		OR	X80=	0110	
MULTIPLE DEPENDENT CLAIM PRESENT											070	200	
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=	1701	
CLAIMS AS AMENDED - PART II							10	IAL	<u> </u>	OR	TOTAL	1100	
(Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 60	Minus	6	2	= 2	X\$	9=		OR	X\$18=		
	Independent	• 5	Minus		CI ADA	- 💛	X4	0=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=	·	
and the second of the second o							ADDIT	OTAL		OR	TOTAL ADDIT, FEE	æ	
		(Column 1)		(Colur	nn 2)	(Column 3)	AUUII	FCC				•	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 82	Minus	• 6	2	= 20	X\$	9=		OR	X\$18=	360	
	Independent			= 2	X4	0=		OR	X80=	172			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=		
							ADDIT.	OTAL FEE		OR	TOTAL ADDIT, FEE	pd	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER	PRESENT EXTRA	RA <sup>*</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 82	Minus '	8	2_	= · <del>()</del>	X\$	9=		OR	X\$18=		
	Independent	. 8	Minus	***	8		X40	)=		or	X80=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13				. 270		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270= TOTAL		
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	ADDIT. FEE	4	
	The "Highest Nun	nber Previously Pal	d For (Total or	rIndepende	ent) is the	highest number	er tound in t	he ap	propriate box	in col	umn 1.		

**Application or Docket Number**